

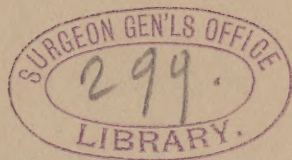
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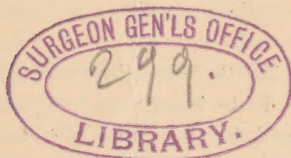
Post-Graduate Instruction in
Gynæcology.

BY
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POST-GRADUATE INSTRUCTION IN GYNÆCOLOGY.*

By HENRY C. COE, M. D., M. R. C. S.

My object in presenting this brief paper is to elicit an impartial discussion of a subject which has assumed no little importance of late, especially in this city. Although I may view it almost exclusively from a local standpoint, I feel sure that my deductions will be sufficiently general in their bearing to touch the experience of an audience every member of which has been, or is, practically, a teacher of gynæcology, an active or passive exponent of the principles which he imbibed at the Woman's Hospital. Doubtless we have all modified our views, yet there are some cardinal beliefs which we hold in common. But I do not wish to incur the charge of narrow-mindedness by looking at this question merely through the eyes of a disciple of a special school of gynæcology; let us lose sight of any particular system, and discuss the matter on the broad basis of common sense.

It is unnecessary to refer to the success which has attended our post-graduate schools; they have ceased to be experiments, and are beginning to win for themselves

* Read before the Alumni Association of the Woman's Hospital at its third meeting.

a place in the confidence of those who prophesied for them a brief exotic existence. It is not my purpose to set forth the merits and defects of these institutions, but simply to examine the objections which have been urged against post-graduate instruction in gynæcology, chiefly, it must be confessed, by those who have not made a personal study of the methods of teaching. It was perfectly natural to expect some antagonism between the regular medical colleges, running in their established grooves, and the post-graduate schools with their apparently unsystematic, irregular courses of instruction, but I believe that some of the most conservative members of the undergraduate faculties have begun to admit the possibility of one school supplementing, rather than antagonizing, the other. I might easily digress here, and enter into a defense of the institutions with which several of my hearers are connected, but such is not the aim of this paper. It is rather to analyze the unfavorable sentiments which prevail among the older specialists with regard to one department in the post-graduate schools, and to endeavor to prove that the prejudice is ill founded.

It was rather amusing to an unbiased observer to note the spirit of hostility that was manifested toward the post-graduate schools when the idea was first developed; the very men who acknowledged the value of the Vienna system doubted the possibility of carrying it out successfully in New York. They certainly could not foresee failure in consequence of the deficiency of clinical material, so that their prophecies of a *fiasco* must have arisen from a distrust of the ability of the faculties. I need only point to the present prosperity of both institutions in order to prove that the undergraduate schools do not absorb all the talent and energy in the profession.

Why are some of our prominent specialists skeptical as

to the value of post-graduate instruction in gynæcology? As far as I have been able to learn, the objections are as follows:

1. It is difficult for these gentlemen to realize that the pelvic organs do not seem so mysterious to the general profession as they did in the days when the finger of Sims appeared to possess such marvelous intelligence, and that, while few can attain to his diagnostic skill, the average man (or even one who is "below the average") can learn to recognize morbid conditions of the uterus and its appendages with the same ease that used to appear almost supernatural. *Tempora mutantur, et nos mutamur in illis.*

2. Overlooking the fact that the elementary principles of gynæcology are readily appreciated by men who have already been trained by the actual practice of medicine to be better observers and imitators than young students, the gentlemen who criticise our system jump to the conclusion that the instruction is superficial, that the practitioners who attend lectures on diseases of women for a few months learn just enough to make them dangerous, and return home filled with an *ardor operandi* that may render them destructive foci in their native hamlets. This would be a telling argument, if it were true. If it were, I should be in favor of abolishing the department of gynæcology without an hour's delay. We shall see how far this objection holds good.

3. The inevitable consequence of this dabbling in gynæcology (as these gentlemen think) is that "familiarity" will "breed contempt," or, in other words, that special workers will cease to receive from the general profession that recognition to which their years of study and observation entitle them.

I shall only mention, in passing, the objection that is raised against the New York post-graduate schools on the

ground that they not only divert out-door patients from the regular hospital dispensaries, but encourage an indiscriminate system of medical relief that fosters bad habits in those who can really afford to pay for professional services—a direct injury to the younger physicians. I admit that there is truth in the latter argument, but, in regard to the former, I can only add that I have little respect for a charity which aims only at increasing its statistics. I firmly believe that dispensary patients should be utilized for purposes of medical instruction, so far as can be done without injury to the patients themselves, or without outraging those natural feelings of decency and humanity which no gentleman requires to cultivate, since they are born in him. Narrow-minded medical men are responsible for the foolish prejudices of the laity in this direction. Yet the same men have studied in Vienna, and can not deny that they have profited by the instruction received in the great hospital, where every patient is a living illustration of the truth that “no man liveth unto himself, and no man dieth unto himself.” But shift the scene to New York, and the case is different—why, I can not understand.

In reply to the weighty objections just mentioned, let me briefly call your attention to the salient peculiarities of post-graduate instruction in gynæcology as it is conducted in New York. These may be considered under three heads—viz., 1, The teacher; 2, The pupil; 3, The subject taught.

1. *The Teacher*.—True to the purpose of the institution, which is to teach practice and not theory, he is in every sense a practical man who comes straight from the bedside to the school, bringing the fresh results of the experience through which he has just passed. No staid professor is he, leaving his study, where with much research and no little “cribbing” he has prepared himself to charm his audience by his carefully-rounded periods, or to awaken thun-

ders of applause by his moral platitudes, but a plain man speaking to plain men of that which appeals forcibly to the minds of his hearers, because they recognize its direct bearing upon the problems and emergencies that daily confront the practitioner.

Dwelling upon a theme in which he feels a strong personal interest, such a teacher ought to be earnest and enthusiastic, and hold his audience, for the very reason that they feel that he is giving them a leaf from his own diary, and not a series of excerpts from standard text-books. There is a heat-producing power in an extemporaneous speech, one that "speaks itself," as it were, which is wanting in the most labored and finished oration into which the writer has failed to throw his heart.

But, while a wise and earnest teacher may wield an immense influence for good in addressing an audience of advanced students, an ultra-enthusiast or (as one has irreverently expressed it) a "gynæcological crank" can do no little mischief. Whatever we may *believe*, it is not always wise to teach our peculiar ideas, as some man may undertake to apply our teachings literally with disastrous consequences. A lecturer's rash statements or hasty advice may be copied into a student's note-book and become law and gospel to him, when the speaker would an hour later disown the malformed offspring of his brain. The mandate, "Take heed how ye hear," might well be amended so as to read, "Take heed how ye teach." A good medical lecturer is undoubtedly born, not made; but the silver-tongued orator whose benches are always crowded may be a disseminator of false and dangerous theories, while he whose personal gifts are few may drop homely truths which produce a more permanent and healthy impression than those of his brilliant but less conscientious rival.

Throwing aside cumbrous theories, divesting the subject

of pelvic pathology of the mystery that has been thrown around it, and teaching his students to study a gynæcological case in the same manner as they would investigate one in general medicine—in other words, laying great stress upon the exercise of common sense—is his unpretentious task, in performing which the lecturer can not be entirely a failure, even if he is not a success.

2. *The Pupil*.—Young physicians living in large cities are accustomed to refer in a scornful way to the “country doctor” as a synonym for one who practices medicine on the smallest possible margin of professional knowledge, whose thoughts never soar above his daily treadmill. To him the gonococcus has never been revealed, the cholera bacillus possesses no charms. Since there are villages, there must be country doctors, but the latter do not live—they simply vegetate, their existence uncheered by a weekly nap at the pathological society, their intellects never stimulated by foreign medical literature. This is no exaggerated picture of the country practitioner as he appears to the imagination of many a city brother; doubtless this notion is only a little less erroneous than that cherished by our country friend—that since the city resident has enjoyed larger opportunities than himself, ergo, he is wiser. The post-graduate students are largely from small towns in different parts of the country—a fact on which we are to be congratulated, because this implies that they do not feel that they have already imbibed all the wisdom extant. Moreover, they are practitioners, men who have been brought to feel their own deficiencies in view of the rapid progress of modern medicine, and have come to us with the honorable purpose of filling up the gap in their scientific studies, which has grown wider and wider each year under the pressure of active practice. Such students are not boys. We can no more compare them with medical undergraduates

than we can compare the collegiate, whose world is contained within the narrow limits of the campus, with the careworn man who revisits his alma mater after the lapse of many years, and wonders if his ambition was ever satisfied with college triumphs. The lecturer feels a sort of satisfaction in addressing a class of practitioners, which is due partly to the fact that they are more or less familiar with the theme, and partly to a realizing sense of the influence which his words may exert upon men of mature judgment. This acts as a stimulus to the young lecturer, and at the same time leads him to be very cautious how he ventures upon ground which he has not himself thoroughly surveyed. Questionable statements, harmless hyperboles, seldom produce any permanent injury upon the mind of the medical student. Even if he leaves the lecture-room with a fixed purpose to remove the first abdominal tumor that falls into his hands, and goes so far as to make out his list of ovariectomy instruments before the coveted opportunity occurs after graduation, experience inevitably leads to a wise distrust of his own surgical skill, and no harm is done after all. On the contrary, the practitioner who watches the steps of a capital operation this week, may undertake the same in a distant part of the country the week following; the spectators who to-day admire the ease with which you replace a retroverted uterus with the sound, go forth to-morrow to use the same instrument, but applying a dangerous amount of force, and without that "twist of the wrist" which looks so simple and harmless to the looker-on. In short, the man who teaches gynæcology to practitioners incurs no small responsibility, and sets in motion forces of which he knows not, since the seed which he sows is likely to bear fruit, and that speedily. A chance word of caution dropped in the lecture-room may save lives away off in Texas; your enthusiastic commendation of an operation

may induce one of your pupils to attempt it with disastrous results. While I believe that a post-graduate audience is less impressionable than one composed of young students, and more accustomed to look at both sides of a question, the influence of an earnest lecturer (especially if he is an authority on gynæcology) is both far-reaching and permanent, for either good or evil. To no class of hearers, in my experience, is conservatism more acceptable, if presented in a proper manner. The pupil is all right. If there is any fault, it generally lies with the teacher.

3. *The Subject Taught.*—Gynæcology; but what system, and how taught?

In Vienna the peculiar ideas of each professor are stamped ineffaceably upon his clinic. No matter how brilliant or original his assistants may be, they seldom think of advancing any views save those of their chief. In our clinical schools there is more variety in the lectures. This is as it should be. If a young man simply re-echoes the words of his elders, without venturing to express an opinion of his own, he can hardly expect to make a very decided impression upon his hearers. He would be a narrow-minded teacher indeed who tried to make his students believe that the peculiar tenets and traditions of the Woman's Hospital included all that was worth knowing of practical gynæcology, or who taught that the rough manipulations in vogue in foreign clinics were superior to our own less heroic methods. No; the practitioner does not come to us to be told that one system is superior to every other, and that he should adopt this one to the rigid exclusion of all the rest. What he wishes to learn are such facts and methods of diagnosis and treatment as he will be able to apply directly in his own daily practice. The lecturer who spends his hour in dilating upon his pet theories and operations may interest his hearers, but he does not give them what they need. I

have already referred to the possibilities for harm which are contained in the enthusiastic utterances of an attractive lecturer, when mounted on his favorite hobby, whether that hobby is a surgical, pathological, or instrumental one. His enthusiasm may not only blind his eyes to the weak points in his favorite theory, but may lead him to speak contemptuously of those who venture to entertain contrary opinions. I know of nothing less edifying than to hear a lecturer publicly ridiculing the opinions of a brother specialist, or even a co-laborer in the same institution. In a school in which several clinics are held in the same department the student must necessarily hear conflicting views, but there is some advantage even in this confusion, since he can select the best, and avoid extremes. Post-graduate instruction in gynæcology is literally clinical. You will all acknowledge that a man can learn more in five minutes by introducing his own finger into a vagina, than by listening as many months while another man describes the process in graphic terms. It is unfair to compare the results of three months' instruction in practical gynæcology with those derived from a residence of six times that period in the Woman's Hospital, yet I venture to affirm that not unfrequently the practitioner with his smattering of the subject reaches by a direct route the same conclusion as the interne after his long and valuable service, viz., that many intrapelvic affections should be treated with great caution, and that not a few should be left severely alone. Indeed, the regular attendant at the clinics has a certain advantage over the gentlemen at the hospital, because he has opportunities of studying the remote results of operations such as are not often enjoyed by the latter. Undoubtedly there are students who carry home a sad jumble of gynæcological facts and fancies, but I have too much confidence in the good sense and sound judgment of the class of men whom I meet

every week to feel apprehensive lest they go away laboring under the delusion that they are finished gynecologists. Unquestionably, there is room for improvement in the matter as well as in the manner of our lecturers. What the practitioner needs is not so much to witness a number of laparotomies, or to hear disquisitions on fine points in differential diagnosis. He wants to know how to find out what ails a suffering woman, and whether it will be wise for him to treat her, to let her alone, or to place her in the hands of some specialist. He wants to know how to fit a pessary, when to use it, and when not to use it. The proper treatment of a simple case of retroversion is a subject of infinitely more importance to him than the details of a hysterectomy. He will hardly attempt the removal of the first pair of prolapsed ovaries that greet him on his return from his winter's lectures, but the chances are that he *will* test the mobility of the first retroflexed uterus with the sound, as he has seen it done in the clinic. Our only rational course is to adopt at all times a wise conservatism. We ourselves may continue to take serious risks, as we all have done, sometimes with fortunate, sometimes with unfortunate, results, but let us at least refrain from recommending to the inexperienced doubtful or dangerous methods of procedure. We can not insist too strongly upon the wise rule laid down by the late Dr. Flint as the one that ought always to influence our treatment of disease—never to do anything that may make the patient worse. Is there one of us who, recalling his unsuccessful cases, does not devoutly wish that he had always adopted this suggestion?

If we are ourselves fully conscious of the importance of recognizing in what cases active treatment ought to be avoided, what more sensible course can we take than to impress this truth indelibly upon the minds of those who are in the most favorable position for doing harm through the

practice of unwise gynæcology? This I take to be the true sphere of gynæcological instruction at the post-graduate schools—not to confuse men, by filling their minds with stray facts and fancies that are of interest only to the special worker, but to emphasize before them a few important facts, the more elementary the better. We can not tell them anything more instructive than our own mistakes, and how they may avoid them. We must descend to minutiae. It is not enough to descant on the benefits to be derived from the hot vaginal douche: describe the procedure down to the smallest detail; if you do not, some of your hearers will be sure to remain in quite as dense ignorance of its *modus operandi* as the average dispensary patient, whose vaginal roof is never touched by the pint of luke-warm water which she daily injects into the lower part of the canal. It would seem as if the truth of Dr. Emmet's dictum regarding the importance of attending to details, in order to attain success in the practice of gynæcology, ought to be universally recognized at the present day; but it is not the case. If we succeed in teaching practitioners to apply this principle, we shall, I believe, accomplish more useful results than if we familiarize them with the conflicting views on the intra- and extra-peritoneal treatment of the stump after hysterectomy. We certainly consult the best interests of both our hearers and their patients more truly when we point out the contra-indications to hysterotrachelorrhaphy, than if we inspire the would-be gynæcologist with a burning desire to repair indiscriminately all the torn cervixes that he has been "saving up" in his neighborhood. It is not necessary to dwell upon this theme. You see its bearing, and I hope, too, that you see that, although post-graduate instruction in gynæcology may be superficial, in the sense that the student is not graduated as an expert in uterine surgery, he is (or should be) taught the same con-

servative ideas which we have learned so well and disregarded only to our cost. I believe that in these schools a conscientious teacher can exert a strong influence for good ; that his office (though not surrounded with the same *éclat* as the chair in a prominent medical college) is an honorable one, and his incentives to mental activity are not less keen than if he addressed a crowd of noisy students, instead of an audience of mature, serious men, who come to the lecture-room for meat, and not to hear "glittering generalities."

Gynæcology is not being lowered in the public estimation because it is ceasing to be the exclusive property of a limited circle of specialists, neither will this country be overrun with pseudo-gynæcologists in consequence of our efforts to instruct general practitioners in the rudiments of the science. If we are faithful to our trust, less, not more, harm will result from the wide dissemination of conservative views ; any others we have no right to teach to men who are liable to misapply our instruction.



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